FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
	S Redd .
	(NIG15886_)
E	QUAS OF

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6.30 }	2. Fiscal Year Covered From:			
NP*	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name _{Patricia} E Allen	Name NFL Players Association			
	Labor Organization File Number 065-533			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 500			
Street 517 Princess St.	Street 2021 L Street, N.W.			
City Alexandria	City Washington			
State Virginia ZIP Code + 4 22314	State District of Columbia ZIP Code + 4 20036			
5. Position in labor organization. Exec. V.P. & COO, Players Inc				
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			

7.b. Amount.

Signature

ZIP Code + 4

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all	of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and	d is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Signed Satural alle	On	8/10/2005	202-463-2200
		Date	Telephone Number

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Name of Person Filing Patricia Allen		File Number U -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Reebok International, Ltd Trade Name, if any:	a. Labor Organiza	ation	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street 1895 J.W. Foster Blvd. City Canton			
State Massachusetts ZIP Code + 4 02021			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	_	
Name	Licensing Arrangem		
Trade Name, if any:	\$1,000,000. It is	of this dealing is in excess of difficult for me to ascertain time and confidentiality	
P.O. Box, Bldg., Room No., if any	restraints.	•	
Street	11.b. Approximate dollar valu	ue of such dealing.	
City	12.a. Nature of interest hel	d or income received.	
State ZIP Code + 4	Reebok company sto	ore apparel items.	
	12.b. Amount.	\$150	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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1. File Number U -	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Patricia E Allen	Name NFL Players Association
	Labor Organization File Number 065-533
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 500
Street 517 Princess St.	Street 2021 L Street, N.W.
City Alexandria	City Washington
State Virginia ZIP Code + 4 22314	State District of Columbia ZIP Code + 4 20036
5. Position in labor organization. Exec. V.P. & COO, Players Inc.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.
	7.b. Amount.
Street Street	7.b. Amount.
Street City State ZIP Code + 4	7.b. Amount.
Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the

Date

Telephone Number

Name of Person Filing Patricia Allen	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Sony Pictures Entertainment Trade Name, if any: Wheel of Fortune P.O. Box, Bldg., Room No., if any Street 10202 W. Washington Blvd. City Culver City State California ZIP Code +4 90232	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Promotional Partner
Street 2.2	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Dinner
	12.b. Amount. \$75
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street Street	
City	
State ZIP Code + 4	
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	Applications of the Control of the C

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	READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E NG157		
QIMS OF	1.000	2. Fiscal Year Covered From:
1. File Number U -		
		1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person f	iling.	Name, file number, and address of labor organization.
Name Patricia	E Allen	Name NFL Players Association
		Labor Organization File Number 065-533
P.O. Box, Bldg., Room No., if ar	y	P.O. Box, Building and Room Number, if any Suite 500
Street 517 Princess St		Street 2021 L Street, N.W.
City Alexandria		City Washington
State Virginia	ZIP Code + 4 22314	State District of Columbia ZIP Code + 4 20036
5. Position in labor organization.	Exec. V.P. & COO, Players Inc	
Enter appropriate data below	in during the past hacar year, you or your op-	, , , , , , , , , , , , , , , , , , , ,
	(except as specified in the except as specified	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions): derived income or other economic benefit of ion represents or is actively seeking to represent.
	d in transactions (including loans) with, or loyer whose employees your organizat	usions sectoral in the instructions).
A. Held an interest in, engage monetary value from an emp 6. Name and address of Employer	(except as specified in the excited in transactions (including loans) with, or loyer whose employees your organizater (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent.
A. Held an interest in, engage monetary value from an emp 6. Name and address of Employed Name	d in transactions (including loans) with, or loyer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.
A. Held an interest in, engage monetary value from an emp 6. Name and address of Employed Name Trade Name, if any:	(except as specified in the excited in transactions (including loans) with, or loyer whose employees your organizater (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent.
A. Held an interest in, engage monetary value from an emp 6. Name and address of Employed Name Trade Name, if any:	(except as specified in the excited in transactions (including loans) with, or loyer whose employees your organizater (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engage monetary value from an emp 6. Name and address of Employed Name Trade Name, if any: P.O. Box, Bldg., Room No., if a	(except as specified in the excited in transactions (including loans) with, or loyer whose employees your organizater (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engage monetary value from an emp 6. Name and address of Employed Name Trade Name, if any: P.O. Box, Bldg., Room No., if and Street	(except as specified in the excited in transactions (including loans) with, or loyer whose employees your organizater (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engage monetary value from an emp 6. Name and address of Employed Name Trade Name, if any: P.O. Box, Bldg., Room No., if a Street City State	d in transactions (including loans) with, or loyer whose employees your organizater (including trade name, if any). ZIP Code + 4	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engage monetary value from an emp 6. Name and address of Employed Name Trade Name, if any: P.O. Box, Bldg., Room No., if a Street City State	(except as specified in the excited in transactions (including loans) with, or loyer whose employees your organizater (including trade name, if any). ZIP Code + 4 Signature of the lease and the le	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.c. Amount.
A. Held an interest in, engage monetary value from an emp 6. Name and address of Employed Name Trade Name, if any: P.O. Box, Bldg., Room No., if a Street City State 15. Signature and verification submitted in this report (included undersigned's knowledge and	(except as specified in the excited in transactions (including loans) with, or loyer whose employees your organizater (including trade name, if any). Any ZIP Code + 4 Signon, The undersigned declares, under penalty of the information contained in any accompany.	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.c. Amount.

ame of Person Filing Patricia Allen		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Reebok International, Ltd	(C.1.5)		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1895 J.W. Foster Blvd.	c. Employer		
City Canton			
State Massachusetts ZIP Code + 4 02021			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	yymyy awy c arwygyy y gan ar wyddiaddiadd ar y fan ddiddighyddiadd y blagd ffir arllyddian achd ddiddiol ddiddiol y blagd ffir ar llyddian achd ddiddiol ddiddiol y blagd ffir ar llyddian achd ddiddiol y blagd ffir achd achd ddiddiol y blagd ffir achd achd achd achd achd achd achd achd	
Name	Licensing Arrangement*		
Trade Name, if any:	*The dollar value of this dealing is in excess of \$1,000,000. It is difficult for me to ascertain		
P.O. Box, Bldg., Room No., if any	this amount due to time restraints.	ne and confidentiality	
Street	14 h Amazinata della valua ef	was de de alle a	
City (11.b. Approximate dollar value of s	Association and the second	
State ZIP Code + 4	Christmas Gift/Food Ba		
	12.b. Amount.	\$75	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
Confidence (Confidence Confidence			
State ZIP Code + 4			

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SCHILLY DEFORE PREPARING THE DEPORT
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2. Fiscal Year Covered From:
1 / 1 / 2004 Through: 12 / 31 / 2004
4. Name, file number, and address of labor organization.
Name NFL Players Association
Labor Organization File Number 065-533
P.O. Box, Building and Room Number, if any Suite 500
Street 2021 L Street, N.W.
City Washington
State District of Columbia ZIP Code + 4 20036
Incident and the second
r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
n, or derived income or other economic benefit of
n, or derived income or other economic benefit of ization represents or is actively seeking to represent.
n, or derived income or other economic benefit of ization represents or is actively seeking to represent.
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n, or derived income or other economic benefit of ization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
n, or derived income or other economic benefit of ization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
n, or derived income or other economic benefit of hization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Name of Person Filing Patricia Allen	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Reebok International, Ltd Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10202 W. Washington Blvd. City Canton State Massachusetts ZIP Code +4 90401	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Licensing Arrangement* *The dollar value of this dealing is in excess of \$1,000,000. It is difficult for me to ascertain this amount due to time and confidentiality restraints. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Dinner
	12.b. Amount. \$100
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
State ZIP Code + 4	